

**INSTITUTE OF ACCOUNTANCY ARUSHA
DIRECTORATE OF POST GRADUATE STUDIES**

APPLICATION FOR EXTENSION
(To be filled in triplicate)

1. Name of the Candidate:
2. Registration No.:
3. Department:
4. Degree Programme:
5. Nature of the Programme(Tick the relevant):

DEGREE	NATURE	RELEVANT
Master's	By Coursework & Dissertation	<input type="checkbox"/>
	By Thesis	<input type="checkbox"/>

6. Studies due to end on:
7. Extension requested:

1 st	
2 nd	
3 rd	

8. Reason for the Extension:
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9. Period of Extension: From To

10. If it is the 2nd and or the 3rd an extension fee receipt(s) should be enclosed.

11. Student's signature: Date:

12. **Supervisor's Comments:**

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13. Name: Signature: Date:

14. **Comments by Head:**

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15. Name: Signature: Date:

16. **Comments by Director:**

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17. Signature: Date: